

**DAY CARE INFORMED CONSENT FOR OBSERVATION OR TESTING
BY AN OUTSIDE AGENCY**

Use of form: Completion of this form meets the requirements of HFS 46.04(6)(a)7 and HFS 55.41(4)(a)5 of the Wis. Admin. Codes.

Instructions: Complete this form prior to observation or testing of a child by an outside agency. Maintain form in child's file for duration of child's attendance.

Name - Sponsor (Person Doing the Observation or Testing)

Nature of Observation or Testing (e.g., Hearing, Vision)

Date of Project

Purpose of Observation or Testing - Specify.

Proposed Use of Observation or Testing Results

I hereby give _____ my consent to have
Name - Sponsor

_____ participate in the observation or testing named above.
Name - Child

SIGNATURE - Parent or Guardian

Date Signed